EF-263-B-R02-0810-34000295-1 BOE-263-B (P1) REV. 02 (08-10)

## LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20\_\_.

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



## CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

L	To receive the full exemption, this claim must be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and inci	dental qualifying uses of the property.
The exemption claim is made for the following property: (if then	e are numerous properties, please attach a list that clearly identifies the by and the name and address of the lessee)
PROPERTY TYPE	PRIMARY USE INCIDENTAL USE
Land	
☐ Buildings and Improvements	
Personal Property	
Yes No Does the lease/agreement confer upon the less	ee the exclusive right to possession and use of the property?
	rsonal property owned by a public school, community college, state college, sused exclusively for community college, state college, state university, or
<b>Note:</b> If requested by the assessor, the claimant shall provide a	copy of the lease or agreement.
CI	ERTIFICATION
	e State of California that the foregoing and all information hereon, including any strue and correct to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

